

REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT

Application Number	09/651,311
Filing Date	30 August 2000
First Named Inventor	Scane
Art Unit	1753
Examiner Name	Starsiak, J.
Attorney Docket Number	009.008US (50225-8009.US08)

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9/W.M.  
9/9/03

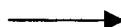
I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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and

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

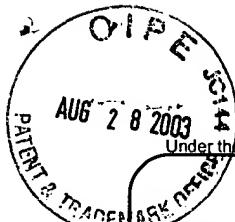
Name	Stephen C. Macevicz, Vice President, Aclara BioSciences, Inc.
Signature	
Date	28 August 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name Stephen C. Masevicz, Vice President, Aclaris BioSciences, Inc.

Signature

Date

28 August 2003

Telephone

(650) 210-1223

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
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1753

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/651,311
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Examiner Name	Starsiak, J.
Total Number of Pages in This Submission	Attorney Docket Number
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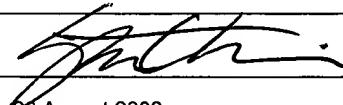
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### ENCLOSURES (check all that apply)

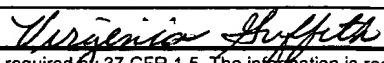
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Return Receipt Postcard</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephen C. Macevitz, Registration No. 30,285
Signature	
Date	28 August 2003

### CERTIFICATE OF MAILING BY EXPRESS MAIL – CERTIFICATE NO. EV 313 981 415 US

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Virginia Griffith		
Signature		Date	28 August 2003

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